

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578544

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3	1		1				
4	1		1				
5	1		1				
6	1		1				
7	1		1				
8	1		1				
9	1		1				
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50							
TOTAL IND.		1	1				
TOTAL DEP.		17	17				
TOTAL CLAIMS		18					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.		1	1				
TOTAL DEP.		17	17				
TOTAL CLAIMS		18					